

LISTING OF THE PENDING CLAIMS

Claims 1-8. (Canceled).

9. (Currently Amended) A method of maintaining an operative pneumoperitoneum in a patient undergoing a surgical procedure comprising the steps of:

introducing a trocar through a portion of an abdominal wall of a patient;

introducing a surgical instrument through a lumen in the trocar;

introducing a pressurized gas from a controlled pressure source into the surgical instrument;

directing the pressurized gas from the surgical instrument into the patient through a passageway between the surgical instrument and a wall of the lumen in the trocar, the pressurized gas from the surgical instrument forming a gas seal around the surgical instrument within the lumen of the trocar so as to directly contact the surgical instrument, while said pressurized gas simultaneously maintainings an operative pneumoperitoneum in the patient by preventing a loss of pressurized gas from the pneumoperitoneum through the lumen in the trocar; and

monitoring the pneumoperitoneum of the patient to provide feedback for maintaining the operative pneumoperitoneum.

10. (Canceled).

11. (Previously Presented) The method as recited in claim 9, wherein the step of directing pressurized gas from the surgical instrument into the patient through a passageway between the surgical instrument and a wall of the lumen in the trocar involves directing a flow of pressurized gas through at least one port in a wall portion of the surgical instrument.

12. (Previously Presented) The method as recited in claim 9, further including the steps of: introducing a first cannula into an abdominal wall portion of the patient; and introducing at least one operative surgical instrument through the first cannula to permit simultaneous operative function with the trocar.

13. (Previously Presented) The method as recited in claim 12, further including the steps of: introducing a second cannula into the patient; and wherein the step of monitoring the pneumoperitoneum of the patient occurs through the second cannula.

14. (Canceled).

15. (Currently Amended) A method of maintaining an operative pneumoperitoneum in a patient undergoing a surgical procedure comprising the steps of:

introducing a trocar through a portion of an abdominal wall of a patient at a first site;

introducing at least one surgical instrument through a lumen in the trocar;

introducing a pressurized gas from a controlled pressure source into the at least one surgical instrument;

directing the pressurized gas from the at least one surgical instrument into the patient through a gas passageway between the at least one surgical instrument and a wall of the lumen in the trocar so as to directly contact the at least one surgical instrument, the pressurized gas forming a gas seal around the at least one surgical instrument within the lumen in the trocar, while said pressurized gas simultaneously maintainings the operative pneumoperitoneum by preventing a loss of pressurized gas from the pneumoperitoneum through the lumen in the trocar;

introducing a cannula through the abdominal wall of the patient at a second site;

monitoring gas pressure within the abdomen of the patient through the cannula; and

controlling gas pressure within the abdomen of the patient based upon feedback received from the cannula so as to maintain the operative pneumoperitoneum with the pressurized gas from the at least one surgical instrument.

16. (Canceled)

17. (Previously Presented) The method as recited in claim 15, wherein the trocar and the cannula are arranged in operative communication with one another to controllably balance pressurized gas introduced into the patient.

18. (Previously Presented) The method as recited in claim 15, wherein the trocar has a plurality of surgical instruments extending therethrough simultaneously.

19. (Previously Presented) The method as recited in claim 15, wherein the cannula has an open bore extending therethrough to permit operative instruments therethrough.

20. (Canceled)

21. (Previously Presented) The method as recited in Claim 9, wherein the step of directing the pressurized gas from the surgical instrument into the patient involves directing a flow of pressurized gas into the lumen of the trocar at a location distal to any valve arrangement within the trocar.